

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

45th 4/16/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445360	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/29/2016
NAME OF PROVIDER OR SUPPLIER  TENNOVA HEALTH CARE-TENNOVA TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the fire resistance of fire barriers and communicating openings. (NFPA 101 2000 Edition Section 8.3.5.1, 19.1.1.1.2, 19.1.1.4.1, 19.1.1.4.2)</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on 2/29/16 at 12:40 PM revealed an unsealed penetration around a plumbing pipe in the fire rated ceiling in the cross corridor by room 327.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 2/29/16.</p>	K 130	<p>1) The TCU Administrator determined that no residents were adversely affected by this deficiency.</p> <p>2) All residents had the potential to be affected by this deficiency; therefore, the TCU Administrator oversaw implementation of the following corrective actions.</p> <p>3) Corrective actions put into place to ensure the deficient practice does not recur include the following:</p> <p>a) The ceiling penetration was sealed on 03/01/2016.</p> <p>b) Requirements for maintaining the fire resistance of fire barriers and communicating openings were reviewed with applicable Engineering staff by the Plant Manager.</p> <p>c) The policy entitled "Building Maintenance Program" was reviewed and determined to be inadequate. The facility will adopt a new policy entitled "Rated Wall, Floor and Ceiling Assembly Inspections". All applicable Engineering staff will be re-educated on requirements for maintaining the fire resistance of fire barriers and communicating openings by 03/31/16 by the Plant Manager via review of this new policy.</p>	<p>During the survey</p> <p>Dates as noted below</p> <p>03/01/16</p> <p>03/01/16</p> <p>03/31/16</p>	
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain electrical wiring and equipment.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance</p>	K 147			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Pamela B. Rogers*

TITLE

*NHA*

(X6) DATE

*3/18/16*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Summary Statement of Deficiencies	Tag	Plan of Correction	Completion Date
	K130	<p>d) The policy "Rated Wall, Floor and Ceiling Assembly Inspections" will be covered during Engineering Department new associate training.</p> <p>e) A member of the Engineering Department participates in the hospital-wide Daily Safety Huddles so that any issues which impact patient safety are <u>able to be quickly escalated</u> to the hospital leadership team for resolution.</p> <p>4) Corrective actions will be monitored as follows:</p> <p>a) Inspections will be performed to determine compliance with maintaining the fire resistance of fire barriers and communicating openings per policy.</p> <p>b) Inspections will be done on a monthly basis, and will continue until substantial compliance has been achieved for 3 consecutive months. Inspections will then be done on a quarterly basis thereafter.</p> <p>c) Inspections are performed by the Plant Manager or designee, and any noted deficiencies are addressed by the Plant Manager with applicable Engineering staff immediately.</p> <p>d) Results of inspections and actions taken in response to results are aggregated, analyzed, and trended at the Transitional Care Unit quality meetings.</p> <p>e) Overall results are reported to the hospital-wide Environment of Care Committee and Quality/Safety Committee on a monthly basis, and will be forwarded to the Board of Trustees every other month until the inspections are completed.</p>	<p>04/01/16 and ongoing</p> <p>Current and ongoing</p> <p>Inspections to start 04/01/15</p> <p>Inspections to start 04/01/15</p> <p>Inspections to start 04/01/15</p> <p>Add to TCU quality meeting agenda by 03/31/16; to start with next meeting.</p> <p>Add to EOC, QSC, and Board of Trustees meeting agendas by 03/31/16; to start with next meetings.</p>

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K 147	<p>Continued From page 1 director on 2/29/16 between 12:05 and 1:00 PM revealed the following;</p> <ol style="list-style-type: none"> <li>1. The ground fault receptacle in the soiled linen room failed to function properly.</li> <li>2. Wheelchairs stored in front of electrical panels, not providing clear space.</li> <li>3. Outlet loose in corridor in front of exit stairwell.</li> <li>4. Outlet loose in corridor by room 333.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/29/16.</p>	K 147	<ol style="list-style-type: none"> <li>1) The TCU Administrator determined that no residents were adversely affected by these deficiencies.</li> <li>2) All residents had the potential to be affected by the deficiencies; therefore, the TCU Administrator oversaw implementation of the following corrective actions.</li> <li>3) Corrective actions put into place to ensure the deficient practice does not recur include the following: <ul style="list-style-type: none"> <li>a. The ground fault circuit interrupter was repaired on 03/03/16.</li> <li>b. The wheelchairs were removed from in front of the electrical panels, and a new lock was placed on the electrical room, on 3/1/16 – which restricts access to the electrical room to Engineering personnel only.</li> <li>c. The loose outlets were tightened on 3/1/16.</li> <li>d. Requirements for maintaining electrical wiring and equipment were reviewed with applicable Engineering staff by the Plant Manager.</li> <li>e. The policy entitled "Patient Room Electrical PMs" was reviewed and determined to be inadequate. The policy will be renamed "Patient Area Electrical PMs" and will be revised accordingly, and all applicable Engineering staff will be re-educated on requirements for maintaining electrical wiring and equipment by 03/31/16 by the Plant Manager via review of this revised policy.</li> </ul> </li> </ol>	<p>During the survey</p> <p>Dates as noted below.</p> <p>03/03/16</p> <p>03/01/16</p> <p>03/01/16</p> <p>03/01/16</p> <p>03/31/16</p>	

Summary Statement of Deficiencies	Tag	Plan of Correction	Completion Date
	K147	<p>f. The policy entitled "Patient Area Electrical PMs" will be covered during Engineering Department new associate training.</p> <p>g. A member of the Engineering Department participates in the hospital-wide Daily Safety Huddles so that any issues which impact patient safety are able to be quickly escalated to the hospital leadership team for resolution.</p> <p>4) Corrective actions will be monitored as follows:</p> <p>a. TCU ground fault receptacles, electrical panels, and outlets in corridors and support spaces serving patient rooms, will be entered into the preventive maintenance (PM) system for tracking and monitoring. The PM system will issue an automatic work order every 6 months to ensure that ground fault receptacles are working properly, that the electrical room remains secure with nothing in front of the electrical panels, and that outlet integrity has been maintained.</p> <p>b. Inspections will be performed to determine compliance with maintaining electrical wiring and equipment per policy.</p>	<p>04/01/16 and ongoing</p> <p>Current and ongoing</p> <p>Add to PM system by 03/31/16</p> <p>Inspections to start 04/01/15</p>

Summary Statement of Deficiencies	Tag	Plan of Correction	Completion Date
	K147	<p>c. Inspections will be done on a monthly basis, and will continue until substantial compliance has been achieved for 3 consecutive months. Inspections will then be done on a quarterly basis for 2 consecutive quarters, and on a random basis thereafter.</p> <p>d. Inspections are performed by the Plant Manager or designee, and any noted deficiencies are addressed by the Plant Manager with applicable Engineering staff immediately.</p> <p>e. Plant Manager/designee inspection results and actions taken in response to results are aggregated, analyzed, and trended at the Transitional Care Unit quality meetings.</p> <p>f. Overall results are reported to the hospital-wide Environment of Care Committee and Quality/Safety Committee on a monthly basis, and will be forwarded to the Board of Trustees every other month until the inspections are completed.</p>	<p>Inspections to start 04/01/15</p> <p>Inspections to start 04/01/15</p> <p>Add to TCU quality meeting agenda by 03/31/16; to start with next meeting.</p> <p>Add to EOC, QSC, and Board of Trustees meeting agendas by 03/31/16; to start with next meetings.</p>